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2001-2010: Decade to Roll Back Malaria in Developing Countries, particularly in Africa

Central African Republic, Denmark, Ethiopia, France, Gambia, Germany, Greece, Ireland, Japan, Luxembourg, Netherlands, Norway, Portugal, South Africa, Suriname, Thailand, Togo and United Kingdom of Great Britain and Northern Ireland: draft resolution

2001-2010: Decade to Roll Back Malaria in Developing Countries, particularly in Africa

The General Assembly,

Recalling its resolutions 49/135 of 19 December 1994, 50/128 of 20 December 1995 and 55/284 of 7 September 2001 concerning the struggle against malaria in the developing countries, particularly in Africa,

Bearing in mind the relevant resolutions of the Economic and Social Council relating to the struggle against malaria and diarrhoeal diseases, in particular its resolution 1998/36 of 30 July 1998,

Acknowledging that it is important and necessary for countries where malaria is endemic to adopt appropriate strategies to combat malaria, one of the most deadly of all tropical diseases, which annually causes at least one million deaths in Africa, where nine out of every ten cases of malaria occur,

Taking note of the declarations and decisions on health issues adopted by the Organization of African Unity, in particular the declaration and plan of action on the "Roll Back Malaria" initiative adopted at the Extraordinary Summit of Heads of State and Government of the Organization of African Unity, held in Abuja on 24 and 25 April 2000,[1] as well as decision AHG/Dec.155 (XXXVI) concerning the implementation of that declaration and plan of action, adopted by the Assembly of Heads of State and Government of the Organization of African Unity at its thirty-sixth ordinary session, held in Lomé from 10 to 12 July 2000,[2]

[1] See A/55/240/Add.1.
[2] See A/55/286, annex II.

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Welcoming the establishment of the African Union in Durban, South Africa, on 9 July 2002, in accordance with the provisions of its Constitutive Act, and the adoption of the New Partnership for Africa's Development,[3]

Acknowledging the efforts of the World Health Organization and other partners to fight malaria over the years, including the launching of the Roll Back Malaria Partnership in 1998,

Recognizing that malaria-related ill health and deaths throughout the world can be eliminated with political commitment and commensurate resources if the public is educated and sensitized about malaria and appropriate health services are made available, particularly in countries where the disease is endemic,

Emphasizing that the international community has an essential role to play in strengthening the support and assistance provided to developing countries, particularly African countries, in their efforts to reduce the burden of malaria and mitigate its negative effects,

Recognizing the importance of the development of effective vaccines and new medicines to prevent and treat malaria and the need for further research including through effective global partnerships such as the various malaria vaccine initiatives and the Medicines for Malaria Venture in securing their development,

Emphasizing the importance of implementing the United Nations Millennium Declaration,[4] and welcoming, in this connection, the commitment of Member States to respond to the specific needs of Africa,

1. *Takes note* of the report of the Secretary-General[5] and calls for support of recommendations contained therein;

2. *Reaffirms* the period 2001-2010 as the Decade to Roll Back Malaria in Developing Countries, particularly in Africa;

3. *Welcomes* the high priority given to the fight against malaria in the New Partnership for Africa's Development;[3]

4. *Takes note with satisfaction* of the continuing efforts of developing countries, particularly those in Africa, to combat malaria through the formulation and implementation of plans and strategies at the national, regional and continental levels, despite their limited financial, technical and human resources;

5. *Takes note* of the real progress being made towards the implementation of those plans, most notably the increasing availability of insecticide-treated bed nets, the growing use of preventive treatment of pregnant women and the ease of access to treatment with effective drugs, that is occurring in many countries in which malaria is endemic, particularly in Africa;

6. *Stresses* that the proclamation of the Decade will stimulate the efforts of African countries and the international community not only to roll back malaria worldwide, in particular in Africa where the burden is heaviest, but also to prevent its spread to previously malaria-free areas;

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[3] A/57/304, annex.

[4] See resolution 55/2.

[5] A/57/123.

7. *Appeals* to the international community, United Nations bodies, international and regional organizations and non-governmental organizations to allocate substantial new resources, including through the Global Fund to Fight AIDS, Tuberculosis and Malaria, for developing countries, particularly in Africa, with a view to enabling them to implement fully the plan of action for the "Roll Back Malaria" initiative;[1]

8. *Calls upon* the international community and donor Governments to encourage and facilitate the transfer of the needed technology to developing countries, particularly in Africa, on favourable terms, including concessional and preferential terms, as mutually agreed, for the production of long-lasting insecticide-treated nets (to avoid the difficulties encountered with retreatment), and to find ways to increase the availability of the new range of artemisinin-based combination drugs for multi-drug-resistant malaria;

9. *Commends* the World Health Organization and its partners, and urges them to provide the necessary support for its ongoing measures to combat malaria in developing countries, particularly in Africa, and to provide the assistance necessary for African States to meet their objectives;

10. *Calls for* joint comprehensive efforts between Africa and the international community to ensure that by 2005 the following targets are achieved:

(a) At least 60 per cent of those at risk for malaria, in particular pregnant women and children under five years of age, benefit from the most suitable combination of personal and community protective measures, such as insecticide-treated bed nets and other interventions that are accessible and affordable, to prevent infection and suffering;

(b) At least 60 per cent of all pregnant women who are at risk for malaria, especially those in their first pregnancy, have access to chemoprophylaxis or presumptive intermittent treatment;

(c) At least 60 per cent of those suffering from malaria have prompt access to and are able to use correct, affordable and appropriate treatment within twenty-four hours of the onset of symptoms;

11. *Reiterates* the need to ensure that measures to reduce the risk of malaria transmission, including source reduction and environmental management, such as minimization of mosquito breeding sites associated with existing and new development projects, are included in development planning and activities;

12. *Requests* the Secretary-General, acting in close collaboration with the Director-General of the World Health Organization, developing countries and regional organizations, including the African Union, to conduct in 2005 an evaluation of the measures taken and progress made towards the achievement of the mid-term targets, the means of implementation provided by the international community in this regard and the overall goals of the Decade, and to report thereon to the General Assembly at its sixtieth session;

13. *Also requests* the Secretary-General to report to the General Assembly at its fifty-eighth session on the implementation of the present resolution.